

How Do I Join KAPA?

Name: _____

Group: _____

Specialty: _____

Sub Specialties: _____

Office Phone: _____

Office Contact: _____

Yes I'll do my fair share to help those in need! During the next year, I will

_____ Accept ___ ___ number of KAPA patients. *(We suggest 10 for primary care/ 20 for specialist)*

_____ Volunteer at one of the area health clinics ___ ___ number of times. *(We suggest eight 3-hour shifts during the year)*

_____ Please contact me. I have questions about my role in Knoxville Area Project Access.



**Please return form to KAPA
By fax (865) 531-9027 or by mail to
115 Suburban Rd.,
Knoxville, TN 37923
Questions? Call (865) 531-2766**